

DO/US WORKSHEET

INTERNATIONAL APPLICATION NUMBER PCT/GB91/00706		PRIORITY DATE 02 MAY 90	CH. II <input type="checkbox"/>	<input checked="" type="checkbox"/> 20 <input type="checkbox"/> 30 MO. DUE DATE: 02 JAN 92																																																																
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*RECEIPTS FROM APPLICANT UNDER 35 U.S.C. 371 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2">ITEM</td> <td colspan="2">COMPLETE AT</td> <td colspan="2">COMPLETE AT</td> <td rowspan="2"></td> </tr> <tr> <td><input type="checkbox"/> 20</td> <td><input type="checkbox"/> 30 MO.</td> <td><input checked="" type="checkbox"/> 22</td> <td><input type="checkbox"/> 32 MO.</td> </tr> <tr> <td>NATIONAL FEE</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> SURCHARGE</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>OATH/DECLARATION</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> SURCHARGE</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>TRANSLATION OF:</td> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> PROCESSING FEE</td> <td></td> </tr> <tr> <td>REQUEST</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NO TRANSLATION REQUIRED</td> </tr> <tr> <td>DESCRIPTION</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>CLAIMS</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>ABSTRACT</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>WORDS IN DRAWING</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td>ARTICLE 19 AMDT.</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO**</td> <td colspan="2"></td> <td>**<input type="checkbox"/> CANCELLED</td> </tr> </table> <p>(TO CLAIMS: MUST BE RECEIVED BY 20 OR 30 MOS.) ART. 36(3) AMT. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE (TO <input type="checkbox"/> CLAIMS <input type="checkbox"/> DESCRIPTION <input type="checkbox"/> DRAWING: <input type="checkbox"/> CANCELLED IF NOT BY 32 MO.)</p>					ITEM	COMPLETE AT		COMPLETE AT			<input type="checkbox"/> 20	<input type="checkbox"/> 30 MO.	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 32 MO.	NATIONAL FEE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> SURCHARGE	<input type="checkbox"/> NO	OATH/DECLARATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> SURCHARGE	<input type="checkbox"/> NO	TRANSLATION OF:			<input type="checkbox"/> PROCESSING FEE			REQUEST	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NO TRANSLATION REQUIRED	DESCRIPTION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		CLAIMS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		ABSTRACT	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		WORDS IN DRAWING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NONE	ARTICLE 19 AMDT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO**			** <input type="checkbox"/> CANCELLED
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